

SECRET

DATE: 18 NOV 76

REQUEST FOR OFFICIAL COVER ACTION

1. WHEN REQUESTING INITIAL COVER OR
ON RETURN FROM OVERSEAS ROUTING
SHOULD BE: (COMPLETE SECTION 1)

TO : CCS/OFFICIAL COVER BRANCH
(Use Form 610 Routing & Record Sheet)
FROM: CIA SECURITY
THRU: OS/SSD

2. WHEN CHANGE OR REMOVAL IS RE-
QUESTED ROUTING SHOULD BE:
(COMPLETE SECTION 2)

TO : CCS/OFFICIAL COVER BRANCH
(Use Form 610 Routing & Record Sheet)
FROM: CIA SECURITY
REASON TO CIA
BENEFIT OF CIA
NO OTHER COVERAGE

FILE NO.
EMPLOYEE TELEPHONE NO.
EOD WITH AGENCY
EMPLOYEE SERIAL NUMBER

007567

SOCIAL SECURITY NO.
069-24-3338

S E C T I O N 1
ESTABLISHMENT OF OFFICIAL COVER FOR SUBJECT IS REQUESTED

Cover Requested: MILITARY STATE OTHER GOVT. AGENCY (Specify) _____

USE OF COVER: DOMESTIC ALL PURPOSE DOMESTIC OPERATIONAL INTEGRATED NOMINAL

SUBJECT CIA AFFILIATION: HAS HAS NOT BEEN VOLUNTARILY DECLARED OR INVOLUNTARILY EXPOSED TO ANY FOREIGN GOVERNMENT OR FOREIGN INTELLIGENCE SERVICE. THERE HAS HAS NOT BEEN ANY OTHER EXPOSURE OR COMPROMISE WHICH SHOULD BE CONSIDERED IN THIS REQUEST. (If an affirmative answer is given provide details on separate attachment.)

JUSTIFICATION FOR REQUESTED ACTION:

Ms. Bustos-Videla is currently assigned to the Trinidad Station under Integrated State cover. It is requested that she be placed under Nominal State cover for her future Headquarters assignment.

S E C T I O N 2
CHANGE OR REMOVAL OF OFFICIAL COVER STATUS FOR SUBJECT IS REQUESTED

JUSTIFICATION FOR REQUESTED ACTION:

SIGNATURE AND TITLE OF REQUESTING OFFICER


Jonathan G. Hanke. C/LA/PEMS

DATE:

FOR OFFICE OF SECURITY

DO YOUR RECORDS REFLECT ANY EXPOSURE, COMPROMISE, SECURITY OR OTHER FACTORS WHICH SHOULD BE CONSIDERED IN MAKING A COVER DETERMINATION IN RESPONSE TO THE ABOVE REQUEST? (If the answer is affirmative provide details on separate attachment.)

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|--------------------|--------------------------|--------------|-----------|------|
| OFFICE OF SECURITY | NO PERTINENT INFORMATION | SEE ATTACHED | SIGNATURE | DATE |
|--------------------|--------------------------|--------------|-----------|------|

APPROVAL

| | | |
|-------------------------|-----------|------|
| COVER AND COMMENCE DATE | SIGNATURE | DATE |
|-------------------------|-----------|------|